

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>002-958</u> <u>4-2069</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>PAUL</u> <u>E</u> <u>EMERT</u> P.O. Box, Bldg., Room No., if any _____ Street <u>526 BULLEN EMERT LANE</u> City <u>ROCK FORD</u> <u>IL</u> State <u>TENN</u> ZIP Code + 4 <u>37853</u>	4. Name, file number, and address of labor organization. Name <u>UNITED TRANSPORTATION UNION</u> Labor Organization File Number <u>002-958</u> P.O. Box, Building and Room Number, if any _____ Street <u>427 W. BROADWAY AVENUE</u> City <u>MARYVILLE</u> State <u>TN</u> ZIP Code + 4 <u>37801</u>
5. Position in labor organization. <u>GENERAL COMMITTEE CHAIRMAN</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name NORFOLK SOUTHERN CORPORATION

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street THREE COMMERCIAL PLACE

City NORFOLK,

State VA

ZIP Code + 4 23510-2191

7.a. Nature of Interest, Transaction, or Income.

DIVIDEND INCOME FROM  
45 SHARES OF N.S. COMMON STOCK

7.b. Amount.

\$16.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul E Emert

On

4-4-05

Date

(865)681-3939

Telephone Number

Name of Person Filing

PAUL E. EMERT

File Number U-

2069

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NORFOLK SOUTHERN CORPORATIONTrade Name, if any:                     P.O. Box, Bldg., Room No., if any                     Street THREE COMMERCIAL PLACECity NORFOLKState VA ZIP Code + 4 23510-2191

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NORFOLK SOUTHERN CORPORATIONTrade Name, if any:                     P.O. Box, Bldg., Room No., if any                     Street THREE COMMERCIAL PLACECity NORFOLKState VA ZIP Code + 4 23510-2191

11.a. Nature of such dealing.

REIMBURSED EXPENSES  
TO ATTEND THE NORFOLK SOUTHERN  
SAFETY AWARDS PRESENTATION AND  
BANQUET AT NORFOLK VA.

11.b. Approximate dollar value of such dealing.

516.00

12.a. Nature of interest held or income received.

STOCK DIVIDENDS

12.b. Amount.

516.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name                     Trade Name, if any:                     P.O. Box, Bldg., Room No., if any                     Street                     City                     State                      ZIP Code + 4                     

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

NONE